

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N98000005649**

1. Entity Name

**MANDARIN PARK HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90181 031 \*\*\*\*76.00

Principal Place of Business

Mailing Address

C/O JAMES E. CLABAUGH  
 201 GULF OF MEXICO DRIVE #6  
 LONGBOAT KEY FL 34228  
 US

C/O JAMES E. CLABAUGH  
 201 GULF OF MEXICO DRIVE #6  
 LONGBOAT KEY FL 34228-4022  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0902881**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCULLOUGH, PAMELA A**  
 201 GULF OF MEXICO DRIVE  
 SUITE 6  
 LONGBOAT KEY FL 34228

Name: **Mccullough, Pamela A**  
 Street Address (P.O. Box Number is Not Acceptable): **303 S. BIRN AVE**  
 City: **Longboat** FL Zip Code: **34236**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*X Pamela Mccullough*

*4/24/2000*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	CLABAUGH, JAMES E.	
STREET ADDRESS	201 GULF OF MEXICO DRIVE #6	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, PAMELA A	
STREET ADDRESS	201 GULF OF MEXICO DRIVE #6	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GIBSON, CHRISTINE M	
STREET ADDRESS	201 GULF OF MEXICO DRIVE #6	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*X Pamela Mccullough*

*4/24/2000*

*01/366-0414*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)